Parents as Presenters Family Guest Speaker Claim Form

I was a guest speaker/panel meml	ber for	
- , , , , ,	Class or Group name	
With		_
Ins	structor Name	_
in	, held on/	_/
City	Date	2
Are you an employee of the State	of Iowa or a Regent Program? Yes	No
	cion above, according to State Board of Regents Rules, the	
If yes, in which agency do you wor	rk?	
, ,		
Please pay my stipend of \$35.00 fo	or this session	
ricuse pay my superia or \$55.00 K	or this session.	
Namo		
Name.		
Address:		
	Street	
	Chata	71: 0 - 4 -
City	State	Zip Code
- ·		
Email		
Phone		
Social Security Number*:		
	, ,	
Cianatura		-
Signature	Date	

*Your Social Security and an original signature are necessary to process a claim. If you have not filed a claim with the State of Iowa previously, please include a completed W-9 form as well.

Please mail this claim within 30 days of presentation date to:

Deb Samson
Iowa Department of Education
Bureau of Student and Family Support Services
400 E 14th St
Des Moines, IA 50319-0146

Agreement #_OK2M-1139

NOTE: As of July 1, 2010, each speaker is limited to six (6) claims/year (July 1 – June 30)